2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 07, 2007 08:00 A Secretary of State DOCUMENT # P03000134345 1. Entity Name ILLUSION MARBLE AND TILE INC. Principal Place of Business Mailing Address 12121 SW 107TH ST. 12121 SW 107TH ST. MIAMI FL 33186 **MIAMI FL 33186** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State Applied For City & State 4. FEi Number 61-1460239 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SOLAR, JOSE A Street Address 12121 SW 107TH ST. MIAMI FL 33186 8. The above named en submits this statement for the purpose of changing its istered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of reg ere**f**lagent. SIGNATURE (NOTE r printed name of registered agent and little it applicable. FILE NOW! !! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition DHE HILE ☐ Change Delete SOLER, JOSE A NAM NAMI U0000062**64**29 02/15/07-80020-003 150.00 12121 SW 107TH ST. STREET ADDRESS STREET ADDRESS MIAMI FL 33186 City-ST-ZIP CITY-ST-ZIP VD Delete TITLE. ☐ Change ☐ Addition SOLER, JOSE A NAME. 12121 SW 107TH ST. STRUCT ADDRESS STREET ADDRESS **MIAMI FL 33186** CHY-S1-ZIP CITY-S1-ZIP HILL ☐ Delete TOTE hange - = Addition NAME NAME STREET ADDRESS STREET LADORESS CITY-ST-ZIP CHY-SI-ZIP 100 Delete HILL Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP Delete HHE ☐ Change Addition NAMI. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HHLE Addition TOU: ☐ Delete Change | NAMI NAMI. STREET ADDRESS STREET ADDRESS CJIY-SI-ZIP CITY - ST - ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attact ment with an address, with all other like empowered.

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR

2-5-07 3052187950

FILED